



ALABAMA BOARD OF EXAMINERS
IN PSYCHOLOGY

660 Adams Ave., Suite 360
Montgomery, AL 36104
(334) 242-4127

Website: www.psychology.alabama.gov



August 15, 2014

PSYCHOLOGICAL TECHNICIAN LICENSE RENEWAL NOTICE: DUE OCTOBER 15, 2014

Your license renewal and continuing education fees for Fiscal Year 2014-2015 are now due and payable. Please remit the renewal/continuing education fees of one hundred and fifteen dollars (**\$115.00**) by check or money order **along with this completed and signed form**. Please remember that it is your responsibility to keep the Board notified of any changes to your contact information throughout the year.

Please be advised: Beginning with license renewal for Fiscal Year 2015, failure to comply with all requirements for renewal by October 15 shall result in a **lapsed license**. Failure to renew a license prior to October 15 will not deprive the licensee of the right to renew, but **does prohibit that individual from continuing to practice** unless he or she is working in an exempt setting. Any renewal fee paid after October 15 will be increased by a **late penalty** of twenty dollars (\$20.00) for each month or fraction thereof that the payment is late. A person who fails to renew a lapsed license within a period of two years after the date of its expiration is not eligible for reinstatement and the license may not be restored or reissued. The individual will be required to submit a new application for licensure and meet the statutory requirements for licensure in existence at the time of re-application.

THE FOLLOWING QUESTIONS MUST BE ANSWERED: *You do not need to report closed investigations where no probable cause was established. Misrepresentation on this form may be grounds for disciplinary action.*

1. Has action been taken against you by any health care facility, professional association, regulatory agency, law enforcement agency or any other type of governmental agency or Board in the past twelve (12) months?
Yes* _____ No _____
2. Are there any complaints, disciplinary actions or investigations pending against you in any way associated with licensure or your practice as a psychologist?
Yes* _____ No _____
3. In the past twelve months have you entered into a consent agreement or similar agreement or reached an agreement to sign a consent order with any state or provincial board, or professional association, or surrendered your license or membership as a result of ethical and/or legal charges?
Yes* _____ No _____
4. Have you been arrested for, indicted for, pled guilty to or been convicted of a felony?
Yes* _____ No _____

**If you answered "YES" to any of the above items, please explain on a separate sheet of paper.*

NAME: _____ LICENSE NO: _____

ADDRESS: _____ HOME PHONE: _____

CITY, STATE, ZIP: _____ WORK PHONE: _____

EMAIL ADDRESS: _____

CHECK ONE:

_____ **I wish to renew my license. Enclosed is a check in the amount of \$115.00.**

If submitting payment after October 15, please call the Board Office at (334) 242-4127 for the amount of your late penalty.

_____ **I DO NOT WISH to renew my Alabama license.**

SIGNATURE OF LICENSEE: _____ **DATE:** _____